The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certification
Bealth Department, City of Baltimore. "
Permit No. 1931 Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled of the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner,
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Cing 1, 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Make or Female, {Cross out the word not }
Age, Years, & Months, Day
Color, Colored
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, lif of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 501 Hourd alley
Cause of Death, { First (Primary), Entero Cecities
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Lanne Com
Date of Burial, Ging 2 1887 Mos Down
Undertaker M. D. Medical Attendant.
Place of Business, 210 Mb Address, 655 St Faul

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE

 $Full \ Name \ of \ Deceased, egin{cases} imes ime$ Sex, Male or Female, (ross out the word not)

Age,...Months, Years. Color.

Married, Single, Widow or Widower, Cross out the words not required in this line. Occupation,...

 $Birth\ Place, egin{cases} ext{State or country, and how} \ ext{long in the United States,} \ ext{if of foreign birth.} \end{cases}$

Duration of Residence in the City of Baltimore,...

 $Place\ of\ Death, \{^{ ext{Give Street and}}_{ ext{Number.}}\}$

 $\textit{Cause of Death}, \left\{ egin{array}{ll} ext{First (Primary)}, \end{array}
ight.$ Second (Immediate),

Duration of Last Sickness, All the above information should be furnished by the Physician.

Place of Burial, Learnal

Date of Burial, August

Place of Business, 5/0 N. Caroline MAddress.

m Bran

M. D.

Days.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. OVER.

Health	Department,	City of Ba	ltimore.
ermit No. 193	2 Office of Registra	ir of Vital Statistics.	Ward 5
ut, to the Undertaker or other f requested so to do, under pe	person superintending the burial,	within tocoty-four hours are a the	death of said deceased, or sooner
CE	RTIFICATE	OF DEA	TH.
	write legibly and spell correctly. If an Infant not named, give names	Catharine	Schaub
Sex, Male or Female	Cross out the word not	Female	
Age, of 3	hite Years,	Months,	Days
Married, Single, Wie Occupation, $\times \times imes$	low or Widower, Cross out the	ne words not this line.	retor
Birth Place, State or co	ountry, and how United States, gn birth.	any 51 4	V
$Duration \ of \ Residen \ Place \ of \ Death, angle^{ ext{Gives}}_{ ext{N}}$	ce in the City of Baltim	Daroline &	Tought
	rst (Primary), Spople	To	9
Duration of Last S	ickness, structure of the physician.	lakerday ;	uly 30"
	Bertlenun I		
Date of Burial,	my d'anne	Tames 6	Marnelles. D.
Undertaker, Place of Busines	154 PBun	Address 1901	Medical Attendant.
(- tuco of Duotitos	, , , ,	22001000,	the second of th

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Office of Registrar of Vital Statistics. Permit No. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased or sooner f requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. CERTIFICATE Date of Death, Fufust Write legibly and spell correctly. If an Intant not named, give names of parents. Full Name of Deceased, Sex, Male or Female, Cross out the word not required in this line. Months. Years, Age, Color. Married, Single, Widow or Widower, Cross out the words not required in this line. Occupation, * XX Birth Place, State or country, and how long in the United States, of foreign birth. Duration of Residence in the City of Baltimor Place of Death, Give Street and Number. Second (Immediate) Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, MI Carmer Date of Burial Mis Undertaker, am 50 Business 301 W Qu f Health to secure a full and correct record of in the City of Baltimore. Extract from Regulations of the Board of Health to

and date of death.

Days.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause

[OVER.]

Health Department, City of Baltimore.

The Special Attention of Physicians is Respectfully Invited to the Kemarks below, and to list of Diseases on back of this Certification
Bealth Department, City of Baltimore.
Permit No. — — — — Office of Registrar of Vital Statistics. Ward — — — — — — — — — — — — — — — — — — —
The Physician who attended any person in a last limes, is responsible for the presentation of this certain to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, July 188
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Mate or Female, { required in this line. }
Age, 62Years, Months, Months, Day
Color, Whate
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, T
Place of Death, {Give Street and } 50 7 Coroling St.
Cause of Death, Second (Immediate), Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Mount Carmel
Date of Burial, Jung 2 1887 G. G. T.
J Undertaker, Ho. Sunder Home
Place of Rusinges /4/10 Cantin In Address 2000 De Dall V

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far at the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Fourd of Health, City of Paltimore,
Permit No. 1935 Permit No. 1935
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, July 31et. 1887.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 1 13 Years, J Months, 22 Days
Color, White Sex,
Married, Single, Widow or Widower, { Cross out the words not }
Occupation,
Birthplace, {State or country (and how long in the United States, if }
Duration of Residence in the City of Baltimore, While flat
Place of Death, {Give street and}
Cause of Death, { First (Primary,) Convulsions Second (Immediate,) Convulsions
Duration of Last Sickness, 24 hours. All the above information should be furnished by the Physician.
Place of Burial, Methoist. Co. com MR Way M.D.
Date of Burial, Gug 2 1887 . Medical Attendant.
& Undertaker, 40. Sander tofon Address 414 & South Park Co
In the the water

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in eases of births and deaths of illegitimate children.

[OVER

Bealth Department, City of Baltimore. Permit No. / 956 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. CERTIFICATE Date of Death,... Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, { Cross out the word not required in this line. } Months. Years, Age, .. Color. Married, Single, Widow or Widower, {Cross out the words not } ... Occupation, leanol leo, nd. Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, Give Street and Number. First (Primary), Cause of Death, wistern Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Tlender Earrol Coung-Mid Date of Burial, cheeg 3 M. D.

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any perion shall flie in the said city, it shall be to dute of the Physician who attended during his or her last siokness, or the Coppier, when the case some and the period for intrinsicing twenty-four hours after the death, to the Undertaker of other persons superintending the barries, a critical state of the same can be ascertained, the full name, sex, age, and condition (whether parried or single) of the person deceased, and the cause and date of death.

Address.

Medical Attendant.

(Undertaker, Dalter Imnel

Place of Business, 394 M. Bidde

Extract from Regulations of the Board of Health to secure a full and correct reg

Undertaker,...

Place of Business,

The Special Attention of Physicians is Re	spectfully Invited to the Re	marks below, and to List of Dis	eases on back of this Certificate
Bealth D	epartment,	City of Ba	timore.
Permit No. 1937 off	ice of Registra	r of Yital Statistic	s. Ward
The Physician who attended any per to the Undertaker or other person superin requested so to do, under penalty of law.	rson in a last illness, is resp ntending the burial, within	onsible for the presentation of t	his Certificate, accurately filled out th of said deceased, or sooner, i
CERTI	IFICATE	OF DEA	TH.
Date of Death,	lugel	1887	
Full Name of Deceased, { Write correct not name of pare	ents.	lean Sin	it
Sex, Male or Female, Cross out the required in	. 9		
	ears,	Months,	Days
Color,	idower, {Cross out the work required in this li	ls not }	
Occupation,		A	·····
Birth Place, State or country, and how long in the United States, if of foreign birth.	}	Cleman	le Q
Duration of Residence in the		- Lefe &	ene p
Place of Death, Give Street and Number.	24	1200 ma	ore 8t.
Cause of Death, $\begin{cases} \text{First (Primary)} \\ \text{Second (Immed)} \end{cases}$	On	vulsion.	- Commolin
Duration of Last Sickness,	ed by he Physician.	- and	
Place of Burial, SE MOG	Thenvs (em		
Date of Burial, Aug 2	nd 87	5)21	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Medical Attendant.

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and dute of death.

[OVER.]

Place of Burial, Lace

Place of Business,

Date of Burial,

(Undertaker

Bealth	Department	dity of	Baltimore	
Permit No. 1938	Office of Registr	ar of Vital St	atistics. Ward	6-
The Physician who attended an to the Undertaker or other person s requested so to do, under penalty of	ny person in a last illness, is a superintending the burial, wit	sponsible for the presenta hin twenty-four hours after	tion of this Certificate, accepted the death of said decease	eurately filled out ed, or sooner, i
CER	TIFICATI	E OF DE	EATH.	C
Date of Death,	J. 18 - 16 - 16 - 16 - 16 - 16 - 16 - 16 -	August	2 188	2
Full Name of Deceased,	Write legibly and special corporals. If an Infant and named, give names	OKiz	ar Back	fley
Sex, Male or Female, Cross of require	of parents. out the word not } red in this line.	Frmale		1
Age, 40	Years,	Months	1-3-	Days
Color,	136	ack	Committee	
Married, Single, Widow of	r Widower, {Cross out the required in t	words not his line.	namid	
Occupation,	House			
Birth Place, {State or country, and long in the United State of foreign birth.	thow does	hister	Com Ty	· ·
Duration of Residence in		e, 15-19	race	
Place of Death, {Give Street an Number.	a) 5-28	Madlin	a au	les
$\textit{Cause of Death,} \left\{egin{array}{l} ext{First (Print)} \\ ext{Second (In)} \end{array} ight.$	nary), O	asther	nia	/ /
Duration of Last Sickness		e do	aye	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the
City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

meaith Department,	City of	19g1t111101	re.
Permit No. 1939 Office of Registra	r of Vital Statis	ties. Ward	14"
The Physician who attended any person in a last illness, is rout, to the Undertaker or other person superintending the burial, w	esponsible for the presentation horses	entation of this Certificate	te, accurately filled
f requested so to do, under benalty of law. All	1 188		
No PERMIT FOR BURIAL CAN BE OBTAIN	NED WITHOUT A PROF	PER CERTIFICATE.	23
CÉRTIFICATE	OF D	EATH.	
	rely 31"		,
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Malilda 1	Brafton Ing	fuch
Sex, Male or Female, {Cross out the word not }	den	rale	A STATE OF THE PARTY OF THE PAR
Age, Years,	Month	8,	Days.
Color,	Black		
Married, Single, Widow or . Widower, Cross out the	ne words not this line.	1	
Occupation,	0	1	
Birth Place, State or country, and how long in the United States, if of foreign birth.	Balto	Cilij	
Duration of Residence in the City of Baltime		De	
Place of Death, Give Street and Number.	2636	heanut It	4
(First (Primary),			
Cause of Death, {	Inmite	- CON	
Second (Immediate),	2 We		
Duration of Last Sickness,	Uwe	eces	
All the above information should be furnished by the Physician.			
Place of Buriet, Toursel Gend	6	1	
Date of Burial, Ling 2 1/587	James	A Stewa	- S.M. D.
The War word		2000	-

Place of Business, 230 East St Address,

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.